PRINTED: 10/10/2013 FORM APPROVED

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		003142	B. WING		10/04/2013
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ALLPOINTS HOME HEALTH CARE INC 9801 PRAIRIE AVE HIGHLAND, IN 46322					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
N 000	Initial Comments		N 000		
	This visit was for a home health state licensure survey.				
	Facility #: 3142.				
	Medicaid Vendor #: 200387660.				
	Dates of Survey: 10/2-4/2013.				
	Number of records reviewed: 07				
	Number of unduplicated admissions: 138.				
	Surveyor: Janet Brandt, RN, PHNS Allpoints Home Health, Inc. was found in compliance with the Indiana State Rules for home health agency licensure at 410 IAC Article 17.				
	Quality Review: Joyce Elder, MSN, BSN, RN October 10, 2013				

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE